	Under the Papen	work Reduction Ac	t of 1995,	no persons are re	quired to respo	nd N	U.S. Patent and	Approved in Trademark Or	, 0.0.	DEPARTMENT	OF COM-1500	35
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unles  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Apply the Part OMB control number.			
CLAIMS AS FILED - PART ( (Column 1) (Column 2)							SMALL ENTITY		-1 -/(_ OR	OR SMALL ENTITY		_
Ļ	FÖR SIG FEE	HUM	BER FILE	D NUM	NUMBER EXTRA		RATE	FEE	7	RATE	FEE	_
C	TCFR 1.16(a))	<del></del>	<del>0</del>			]		\$	OR	15.11	1	_
(37 CFR.1.16(c)) minus 20 =						X s =		OR	X \$		٦	
(37 CFR 1.16(b)) minus 3 a						X \$ =		OR	X 2 .		7	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+50		OR	+ + + + + + + + + + + + + + + + + + + +	<del>                                     </del>	7
" if the difference in column 1 is less than zero, enter "O" in column 2.						_	TOTAL		OR	TOTAL	1	1
CLAIMS AS AMENDED - PART II												1
2	413/1	(COLUMN 1)	<del></del>	(Column 2)	(Column 3)	٦.	SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY	
ENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAIDEOR	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RÄTE .	ADDI- TIONAL	
ğ	Fotal OF CFR 1.16(ct)	1.191	Kinus	12%	1.	7	12.25	•	: OR	×450	FEE	1
Ä	Independent OF GFR 1.1503	1 4	Minus	170	<i>Y</i> –	1	x: JOC		OR.	200	<del></del>	1
₹	FRST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (17 CFR 1.15(4))						1180		OR	1.2/1		1
						•	TOTAL ADD'L FEE		OR ·	TOTAL		1
		(Column 1)	•	(Column 2)	(Column 3)		12000			ADDI FEE	L	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT	;	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total profit Like	•.	Hins		•		,,25			EN	FEE	۱
Æ	Independent (SF CFR 1.16(cg)	•	Minto	-	•				OR		·. · ·	1
ই	FRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						1.180		OR	1.210		
							TOTAL ADDL FEE		OR 1	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)				ÜK.	MULTEE		İ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
S	Total (27 CFR 1.16(ct)		Minus	•	4		1.25	_ree_		<u> </u>	FEE	ı
핗	Independent ID CFR 1.16(49)	•	Alirus	**	•		inol		OR			
₹	FRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(40)								OR OR	360		1
						_	TOTAL ADD'L FEE		OR I	TOTAL ADDLIFEE	<u>.</u>	r
•	The entry in co	fumn 1 is less than	n the antr	in column 2, write	V. in aplyon :	J.				L		ı

" If the entry in column 1 is loss than the entry is column 2, wrisp. "Ut in column 3...
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the ISPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to be USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete the form and/or suggestions for reducing this burden, should be part to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.